



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division

12055 Government Center Parkway, Suite 801
Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: _____
(Staff will assign)

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME
	MAILING ADDRESS
	PHONE HOME () WORK ()
	PHONE MOBILE ()
PROPERTY INFORMATION	PROPERTY ADDRESS
	TAX MAP NO. SIZE (ACRES/SQ FT)
	ZONING DISTRICT MAGISTERIAL DISTRICT
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION
	PROPOSED USE
AGENT/CONTACT INFORMATION	NAME
	MAILING ADDRESS
	PHONE HOME () WORK ()
	PHONE MOBILE ()
MAILING	Send all correspondence to (check one): <input type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact
The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.	
TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT	

DO NOT WRITE IN THIS SPACE

Date Application accepted: _____ Application Fee Paid: \$ _____